

## STATE OF SOUTH CAROLINA

2/5921

(FORM 1)

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2009-134-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Sheldon Brown STAR TRANSPORT, LLC Telephone: (843) 368-2528  
Address: 457 Paps Place Fax: (843) 866-2173  
Ruffin, SC 29475 Other: \_\_\_\_\_  
Email: Star3transport@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: <u>JBS</u>                             |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED  
MAR 25 2009  
PSC SC  
DOCKETING DEPT.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100

Fax # (803)-896-5199

CLASS C - CHARTER

DATE 3/24, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

3 STAR TRANSPORT, LLC

2. (a) Street Address of Applicant 457 Paps Place

Ruffin, SC 29475

- (b) Mailing address, if different from street address \_\_\_\_\_

- (c) Telephone Number (843) 368-2528 Fed ID # \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: March Year: 2009

Assets:	
Cash	\$1500
Receivables	0
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	\$7500
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	0
Prepays and Other Assets	0
Total Assets	\$9000
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	\$150
Accrued Salaries and Wages	0
Other Accrued Obligations	\$350
Other Liabilities	\$457.92
Total Liabilities	\$457.92
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	\$957.92

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.33-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Sheldon Brown, owner  
(Name of Applicant's Representative) (Title)

of 3 STAR TRANSPORT, LLC, the Applicant for the Certificate of Public  
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At State of South Carolina

This the 24th day of March

Wesley P. Cooper  
(Notary Public)

Commission Expires: June 29, 2015

Sheldon Brown  
(Signature of Applicant's Representative)

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant 3 STAR TRANSPORT, LLC

For the transportation of passengers as follows:

Area to be served: South CarolinaNumber of passengers: 15Fares: \$400 per person per hourDate 3/24/2009Sheldon Brown

By

Owner

Title

Rev.10/03

## EXHIBIT D

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier.

3 STAR TRANSPORT, LLC  
(Applicant)

(Applicant)

Date: 3/24/2009

Sheldon Brown  
(Applicant's Representative)

(Applicant's Representative)

Owner  
(Title)

Mar 23 09 10:43a

Barbara Reed

843-844-2667

p.2

**INSURANCE QUOTE**

The following insurance quote is for:

3 STAR TRANSPORT, LLC

(Name of Motor Carrier)

457 Paps Place Ruffin, SC 29475

(Address of Motor Carrier)

\*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000  
b. Medical Payments/Each Person \$1,000

**Amount of Premium:**

Liability Insurance

\$5495The above quoted premiums are for a term of 12 months.Discover Property and Casualty

(Insurance Company Name)

5 Batterson Park Farmington, CT 06032

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/23/09

Date

  
(Authorized Insurance Company Representative)

**EXHIBIT FWA**

Name: 3 STAR TRANSPORT, LLC

Address: 457 Pats Place Ruffin, SC 29475

Telephone No. (843) 368-2528 Fax No. (843) 866-2173

U.S.D.O.T. No. \_\_\_\_\_

ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No ☒ Pending \_\_\_\_\_ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory \_\_\_\_\_

Conditional \_\_\_\_\_

Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ☒

3. Are there currently any outstanding judgment (s) against Applicant?

Yes \_\_\_\_\_ No ☒

(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Gordon Brown  
(Applicant's Signature)

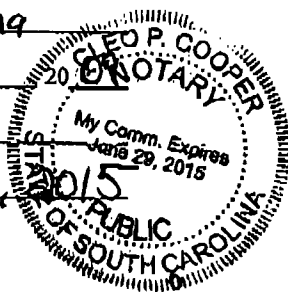
Sworn to before me

At State of South Carolina

This 24th day of March

GEO P. COOPER  
(Notary Public)

Commission Expires June 29, 2015



ATTN: Janice

From: 3 STAR TRANSPORT

457 Paps Place

Ruffin SC 29475

Phone: (843) 368-2528

Fax: (843) 866-2173

